



CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue Cambridge MA 02139 (617) 349-6140

Procedure to Apply for a Common Victualer License

Please submit the following information to be scheduled for a hearing:

- 1 Completed Common Victualer application.
- 2 Zoning approval, from the Zoning Department (617) 349-6100, on the Licensed Premises Inspection Approvals form.
- 3 Floor plan (may be hand drawn) on 8 ½" X 11" size paper **only**, showing the address, layout of the premises including tables, chairs, any outside seating, kitchen, storage and exits.
- 4 Stamped Articles of Organization, if a Corporation. LLC Agreement if a Limited Liability Company. Partnership Agreement if a Partnership.
- 5 A Business Certificate or D/B/A certificate from the City Clerk's Office, first floor of City Hall (617) 349-4260 if doing business in a name other than the one appearing on documents listed in #4 above.
- 6 A check for \$175.00, made payable to the City of Cambridge, for the hearing and advertising fee.

Once **ALL** of the above is submitted, you will be scheduled for the next available hearing. Hearings are usually held on Tuesday evenings starting at six o'clock. We will send you written notification of the hearing date along with an Abutter notification. We publish an advertisement in the Cambridge Chronicle.

- 7 If this is a new restaurant, or changes in operating time or capacity are occurring, then you must notify abutters. You need to request the list of abutters from the Assessors' Office, 2nd floor of City Hall, (617) 349-4343. Abutters are defined as the taxed owners of the properties located next to and behind the address of your proposed restaurant. You will copy the ad from the paper and mail it within three days of the publication to the abutters by certified mail, return receipt requested. You will then sign the Affidavit, attach the white receipts from the Post Office and submit to us prior to the hearing. The green cards may be submitted at the hearing.

The following may be submitted after you apply for your license but must be received **BEFORE** the hearing:

- 8 A copy of the menu.
- 9 A signed lease or letter of intent from the landlord.

*The Fire Department will automatically do a premise inspection before the hearing.

If you are approved for a Common Victualer license, the following must be completed **BEFORE** you are allowed to operate:

- A. Approval from the Building on the Licensed Premises Inspection Approvals form (or electronic approval).
- B. Approval from the Health Department on the Licensed Premises Inspection Approval Form (or electronic approval).
- C. A check for the license fee. (License fee is calculated on sliding scale based on capacity).

License Commission approvals are only valid for six months from the decision date and you MAY NOT operate until the license is issued and posted in your premises.

8/14/14

Cambridge License Commission
831 Massachusetts Avenue
Cambridge, MA 02139
(617) 349-6140

Licensed Premises Inspection Approvals

To All Applicants: Approvals of the departments listed below must be received by the License Commission before a license will be issued.

PLEASE NOTE: Written approval from the Zoning Division of Inspectional Service Division **must** be obtained **before** an application can be accepted by this office. Fully dimensional floor plans, with egresses, fixtures and furniture marked, must be submitted to Inspectional Services Department prior to or along with this document.

Contacts:

Zoning, Building, Electrical & Health Divisions of Inspectional Services Department, 831 Massachusetts Avenue (617) 349-6100;
Fire Prevention: 489 Broadway—(617) 349-4918.

All Licenses/Uses for which you are applying: _____

To be Completed by Applicant:

Location _____ Business name _____

Owner _____

Address _____ Telephone Number _____

List Uses of Each Floor:

Basement _____ First _____

Second _____ Third _____

Fourth _____ Fifth _____

Add'l Levels _____ Roof _____

Date _____ Signature _____

NOTE: Applicant is responsible for securing signatures of the following inspector(s) for their approval:

Zoning Specialist _____

Use(s) allowed by Zoning: _____

Restaurants: Total # of Occupants: _____ **Total # on off-site/off-street parking spaces exclusively dedicated to restaurant use and available at all times when license is being exercised:** _____

Building Inspector _____ **Date:** _____

Sanitary Inspector _____ **Date:** _____

Wiring Inspector: _____ **Date:** _____

Fire Department: _____ **Date:** _____



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APPLICATION FOR COMMON VICTUALER LICENSE

Corporate Name of Business

D/B/A

Address of Business

Business Tel. No.

Owner/Manager

Home Tel. No.

Cell No.

Website

Physical Description of premises

Patio

Roof

Is this a franchise Yes

No

Kitchen description

Sq. Footage

Lunch Counter?

Proposed seating capacity

Tables/No. seats

Booths/No.seats

Outside seating

Total Occupancy

Type of food to be served:

Breakfast

Yes

No

Lunch

Yes

No

Dinner

Yes

No

Do you intend to apply for an alcoholic beverages license during the license year?

If so, what kind? All alcoholic

Wine and Malt

Hours of operation: Days

Open

Close

Applicant's Name

Tel. No.

Address

Emergency Tel. No.

E-mail address

Please attach a resume or description of your food business experience.

Has any license held by you ever been revoked, suspended or otherwise subject to disciplinary action? Yes (attach full explanation of circumstances) No

Do you hold any other business or occupational licenses? Yes(provide details) No

I/We hereby certify that I/We have read the foregoing application and know the content thereof, and that the statements contained therein are true and complete and I/We acknowledge that the City is not required to issue a license or to renew any license which is issued and that such license may be revoked at any time for misstatements or omission in the foregoing application or any violation of the terms and conditions of the license or of the laws of the Commonwealth of Massachusetts, or the ordinances, rules and regulations of the City of Cambridge.

Signature of Applicant_____ Date_____

Signature of Applicant_____ Date_____

****Please Note: "Brown Bagging" or BYOB is not permitted in Cambridge.****

TAX CERTIFICATION FORM

License Year:

Licensee: Name

Address

D/B/A:

Manager:

By signing below I hereby certify under the penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water, sewer and solid waste disposal bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Cambridge required by law.

Signature of Applicant or
Corporate Name*

By: Corporate Officer

Social Security #(voluntary) or Federal Identification Number**

*This license *will not be issued or renewed* unless this certification clause is signed by the applicant.

**Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency *will be subject to license suspension or revocation*. This request is made pursuant to Massachusetts General Laws, Chapter 62C, Section 49A.